

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2006

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week.
In this community 40 Years.
(Specify whether years, months or days)

3. (a) PRINT NAME Hattie Black.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Late Charles Black. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 31 1865.
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation None.

11. Industry or business

12. Name David Staley.
13. Birthplace Indiana.
(City, town, or county) (State or foreign country)
14. Maiden name Elinore Keller.
15. Birthplace Indiana.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Egan.
(b) Address 1821 Montgomery St.

17. (a) Burial (b) Date thereof 8-30-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director H. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) AUG 29 1941 (b) J. H. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 100
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 1821 Montgomery St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
Not attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1941 hour 9 minute 30 AM

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Arterio Sclerosis

Due to 1941
Due to 94a

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 1941

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature W. H. Perry (M. D. or other)
Address 1821 Montgomery St. Date signed 8/29/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

• working under my personal supervision.

Signed.....

Homer L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.